



MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name:

Web Site:

Office Street Address:

Office City:

Office State:

Office Zip Code:

Office Telephone:

Office Fax:

Company E-mail Address:

REPRESENTATIVE INFORMATION (2 REPRESENTATIVES ALLOWED)

PLEASE PROVIDE YOUR YEAR-ROUND CONTACT INFORMATION BELOW:

Rep.1 Name:

Rep.2 Name:

Rep.1 Phone #:

Rep.2 Phone #:

Rep.1 Cell #:

Rep.2 Cell #:

Rep.1 Email:

Rep.2 Email:

ANNUAL DUES \$100

Type of Membership: *(Please circle)*

Vessel

Associate

VESSEL MEMBERSHIP

Number of Vessels:

USCG or STATE Inspected:

Passengers:

ASSOCIATE MEMBERSHIP

Services Provided:

SIGNATURE

Signature of Applicant

Date:

Yes, Please link my Web site to the NYS TBA Web site. (MUST BE RECIPROCAL)

NOTE: As a Member of the NYSTBA, You Must Display A Link To The NYSTBA web site ON Your WEB SITE
THIS IS A CONDITION OF MEMBERSHIP

Membership Dues: Membership dues are non-transferable, non-refundable and are payable by January 31st of each year. After June 30th new member dues are prorated on a monthly basis for the remainder of the calendar year. All funds to NYS TBA must be in U.S. dollars.

MAKE CHECKS PAYABLE AND MAIL TO:

**NYS TBA
PO Box 98
Brightwaters, NY 11718-0098**

Please print a copy of this application for your records, your canceled check is your receipt.
When dues are received, information will be emailed to you for your listing on the NYS TBA website.

Thank you and Welcome Aboard!